



## EMS TRAINING ENTITY ACCREDITATION INSPECTION CHECKLIST

☐ First Responder  
☐ Emergency Medical Dispatch

NAME OF TRAINING ENTITY		LOCATION		DATE
<b>(1) SPECIFIC REQUIREMENTS FOR FIRST RESPONDER/EMERGENCY MEDICAL DISPATCH TRAINING ENTITIES</b>				
		NOT MET MET N/A	COMMENTS	
1. Complete application on file		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2. Medical Director qualifications/credentials		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
3. Certified by BEMS to conduct training programs		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4. Documentation that courses meet or exceed National Standard Curriculum		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
5. Copy of class schedule (must include the seven modules and exams)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	First Responder Only	
6. List of topics covered in their final written exam		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
7. List of skills to be tested in final practical		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	First Responder Only	
8. Graduating students meet entry level competence		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>(3) REMARKS</b>				
SIGNATURE OF UNIT OF EMERGENCY MEDICAL SERVICES REPRESENTATIVE				DATE
SIGNATURE OF TRAINING ENTITY REPRESENTATIVE				DATE